School Communication Opt-Out Form

The [District Name], your school, and teachers use ParentSquare to communicate with parents and guardians. This includes emergency messages as well as information closely related to the school's educational mission. You will receive notifications via email, text, voice call, and posts from [ParentSquare, or if the app is named after your district, put your district name here] mobile app and ParentSquare portal, depending on the contact information you have in [name of your Student Information System, popular SIS include: Aeries, PowerSchool, and Infinite Campus] (our Student Information System). Parents are automatically registered to receive notifications when they enroll their student. *Please note that standard text messaging rates may apply for all text messages*.

To opt-out of receiving notifications, you can:

- Fill out and return the form below to your school office, or
- Contact your school office with your email and cell phone number

You can also opt-out of:

• Emails: Click the Unsubscribe link in any email you receive

Phone Calls: Contact us at _______

• Text Messages: Click the Opt-Out link in the first text message you receive from ParentSquare. You can also reply STOP to any subsequent text you receive.

lf you are not a parent	or guardian and are receiving notifications in error, please contact
us at	

*Note that even if you opt-out of receiving communication, you will still receive notifications for emergencies and other school information deemed important, such as attendance and lunch balances.

To opt back in:

- Contact your school with your email and cell phone number
- Text Messages: If you sent STOP, you can reply START to any text you had received or send START to: 66458

Please	e return to your	school office		
l opt-	out of receiving	all communi ation deemed	n preferences as indicated below. I understand that eve ication, I will still receive notifications for emergencies a I important, such as attendance and lunch balances.	
Circuit	Email	Opt-Out	Email:	
	Text	Opt-Out	Cell Phone:	
	Phone Call	Opt-Out	Phone:	
Parent/Guardian Signature:			Date:	
Stude	ent Name:		Student Grade:	
Schoo	ol:			

[Make a PDF version of this form to include on your website]